

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>AB</i>	<i>12192</i>	<i>2/2/60</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>12</i>	<i>1/17/60</i>
<b>FORMALITY REVIEW</b>	<i>L1</i>	<i>125378049</i>	<i>3/16/60</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date					
Final	Original	01	02	03	04	05
1	✓	✓	✓	✓	✓	✓
2		✓				
3		✓				
4		✓				
5		✓				
6		✓				
7		✓				
8		✓				
9		✓	✓	✓	✓	✓
10		✓	✓	✓	✓	✓
11		N	N	N	N	N
12		✓	✓	✓	✓	✓
13		✓	✓	✓	✓	✓
14		N	N	N	N	N
15		V	N	N	N	N
16		N	N	N	N	N
17		✓	✓	✓	✓	✓
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Claim	Date					
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If more than 150 claims or 10 actions  
staple additional sheet here

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